

Section: General Billing Information**1.10 Co-payments and Exception Codes**

Certain services require a co-payment from the beneficiary. It is the provider's responsibility to collect this co-payment from the beneficiary. The co-payment will be withheld when the claim is processed. Do not reduce your submitted charge or enter the co-payment amount on the claim form. The co-payment amount will be automatically deducted on all applicable services. Services that are subject to co-payment are shown below.

Federal law prohibits the collection of co-payments in certain instances. When the beneficiary is exempt from the co-payment, one of the exception codes listed below must be indicated on the claim in the Medicaid beneficiary ID field as a suffix to the Medicaid number or the co-payment will be deducted from the claim's payment amount. To comply with federal regulations regarding co-payments, any prescription written for a pregnant woman should have a bold letter "P" on its face. This will help the pharmacist identify exempt beneficiaries.

Service	Co-pay Amount
Ambulance	\$3.00 per trip
Ambulatory Surgical Center	\$3.00 per visit
Dental	\$3.00 per visit
Durable Medical Equipment Orthotics, Prosthetics (excludes Medical Supplies)	Up to \$3.00 per item (Co-payment amounts vary, and are listed in the Administrative Code Part 200)
Federally Qualified Health Centers	\$3.00 per visit
Home Health	\$3.00 per visit
Hospital Inpatient	\$10.00 per day up to one-half the hospital's first day per diem per admission
Hospital Outpatient	\$3.00 per visit
MS State Department of Health	\$3.00 per visit
Physician (any setting)	\$3.00 per visit
Prescription Drugs	\$3.00 per prescription, including refills
Rural Health Clinic	\$3.00 per visit
Vision	\$3.00 per pair of eyeglasses

Groups and Services	Exception Code
Infant (newborn)*	K
Children under age 18*	C
Pregnant women*	P
Nursing facility, ICF/ MR, and PRTF residents*	N
Family planning services*	F
Chemotherapy (Drug therapy for Cancer)	O
Laboratory/ Laboratory Pathology	L
Radiation Therapy	T
Emergency room services**	E
**The documentation in the medical records must justify the service as a true emergency.	
*Groups only applicable to POS	